

Request to Cease Participation in the CARES Plus Program Evaluation

I hereby request that CARES Plus program staff not release any of my personal information to be included in the CARES Plus program evaluation. This includes all information tied to the records within the CARES Plus database with information about my education, assessment and participation in the CARES Plus program.

Additionally, I hereby revoke Consent to Participate in the Evaluation of First 5 California's Comprehensive Approaches to Raising Educational Standards (CARES) Plus for the Early Learning Workforce and prohibit First 5 California from obtaining confidential information on me. However, I understand that this revocation does not apply to information that has already been released or reported under the previous authorization.

I understand that I will not be excluded from services funded by First 5 California if I choose not to have my personal information included in the CARES Plus program evaluation.

Please clearly type or print the following information to ensure the deletion of the correct records.

A copy of this form should be sent to:

First 5 California
c/o Robert Dean
Results and Evaluation Division
2389 Gateway Oaks Dr. Suite 260
Sacramento, CA 95833

Participant's Name:	_____
	First Middle Initial Last
Date of Birth (Month/Day/Year):	_____
Work Name:	_____
Work Address:	_____
County of Residency:	_____

Signature

Date

Office Use Only

Person Accepting Petition:	Date Removal Completed:
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